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Attorney Docket Number | PEA03US **DECLARATION FOR UTILITY OR** Simon Robert Walmsley **First Named Inventor DESIGN PATENT APPLICATION COMPLETE IF KNOWN** (37 CFR 1.63) **Application Number** Filing Date ☑ Declaration □ Declaration OR Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As	a below named inve	ntor, I he	reby declare that:						
Му	residence, post office	address,	and citizenship are	as stated below next to	ny name.				
l be nan	lieve I am the origina	, first and of the subj	sole inventor (if only ject matter which is	y one name is listed belo	w) or an original, f patent is sought or	irst and joint invention e	entor (if plural		
	names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: COMPENSATION FOR VERTICAL SKEW BETWEEN ADJACENT ROWS OF NOZZLES ON A PRINTHEAD MODULE								
the	the specification of which (Title of the Invention) is attached hereto								
	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Applie	cation Number		and wa	as amended on (MM/DD	mm		(if applicable).		
i here	eby state that I have inded by any amendm	eviewed a	and understand the	contents of the above id	entified specification	n, including the	claims, as		
		•	-		s defined in 37 Cf	FR 1.56.			
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
IAmeno	ca. listed below and h	ave also ii	dentified below by a	checking the hov, any fo	reian annlication fr	or natent or inve	ent or inventor's United States of ntor's certificate,		
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Prior 200 200	ca, issed below and non PCT international Foreign Application Number(s) 12953134 12953135	Austion num	country Stralia Stralia	Foreign Filling Date (MM/DD/YYY) 2 Dec 2002 2 Dec 2002 supplemental priority da	Priority Not Claimed	Certifled Co YES	opy Attached? NO		
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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.	U.S. Parent Application or PCT Parent Number						Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)			
(WINDO/TTTT) (Nappleable)													
		PCT internationa											
As a named inv	entor, I h	ereby appoint the	e followi	ng registered pr	actitioner(s) to p	rosecute	this applicati	on and to	transa	ct all business	in the Paten	
and frademark	Office a	Jilliected tilelew	_	Customer Num OR Registered prac		name	/registra	tion number li	sted bek	» L	Place Custo Number Bar Label he	Code	
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THE REAL PROPERTY OF THE PROPE													
Additional i	registered	d practitioner(s) r	named o	n supplemental	Registere	d Prac	titioner I	nformation sh	eet PTO	/SB/020	C attached here	eto.	
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Address	Silve	rbrook Rese	earch	Pty Ltd									
Address	393	Darling Stre	et							,			
City	Balm	ain				s	tate	ZIP			41		
Country	Austi	alia		Telephon	e 61-2	-9818-6633 _{Fax} 61				61-2	-2-9555-7762		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of So	Name of Sole or First Inventor:												
Gi	Given Name (first and middle [if any]) Family Name or Sumame												
SIMON ROBERT WALMSLEY													
Inventor's Signature Anna Walnuty												November 25, 2003	
Residence: City Balmain State NSW			NSW	<u> </u>	Country Australia Citizenship Australia					Australian			
Post Office A	ddress	393 Darlin	g Stre	et									
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city Balmain State NSW ZIP					2	041	country Australia				а		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto													

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet
Page 1__ of ___ 1

Name of Additional Joint Inventor, if any:				☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]	()		Family Name or Surname					
RICHARD THOMAS			PLUNKETT					
Inventor's N. Plumkett			DateNovember 25, 2003					
Residence: City Balmain	Ralmain			_{Country} Australia		Citizenship Australian		
Mailing Address 393 Darling Street								
Mailing Address								
City Balmain	State	NSW		ZIP 2041	Count	y Australia		
Name of Additional Joint Inventor, if an	ıy:			A petition has been file	d for thi	is unsigned inventor		
Given Name (first and middle [if any])		\mathbb{I}	Family Na	me or S	Surname		
			$\int_{-}^{}$					
Inventor' s Signature			Date					
Residence: City	State)	Country			Citizenship		
Mailing Address								
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				T				
City	State	<u> </u>		ZIP	Cou	ntry		
Name of Additional Joint Inventor, if any:				A petition has been filed	for this	unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname				
Inventor' s Signature						Date		
Residence: City State			Country			Citizenship		
Mailing Address								
Mailing Address								
City				ZIP	ountry			

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